

AO 435 AZ Form (Rev. 1/2015)		Administrative Office of the United States Courts TRANSCRIPT ORDER			FOR COURT USE ONLY DU^E DATE:		
1. NAME Mark O'Connor		2. PHONE NUMBER 602 530-8594		3. DATE 1/12/2017			
4. FIRM NAME Gallagher & Kennedy, P.A.							
5. MAILING ADDRESS 2575 E Camelback Rd Suite 1100		6. CITY Phoenix		7. STATE AZ	8. ZIP CODE 85016		
9. CASE NUMBER MDL 15-02641 PHX DGC		10. JUDGE Judge Campbell		DATES OF PROCEEDINGS 11. 12/15/2017 12.			
13. CASE NAME Bard IVC Filters Products Liability Litigation				LOCATION OF PROCEEDINGS 14. Phoenix 15. STATE AZ			
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				Status Conference		12/15/2017	
<input type="checkbox"/> BAIL HEARING							
18. ORDER							
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		ESTIMATED COSTS	
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY			
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)			
7 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> ASCII (e-mail)			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>					
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>					
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS mark.oconnor@gknet.com			
19. SIGNATURE  20. DATE 1/12/2018				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.			
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL			
ORDER RECEIVED		DATE	BY	PROCESSED BY	PHONE NUMBER		
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED				LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			

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